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IRIDECTOMY.

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THE operation of iridectomy has been too recently correctly described in this and other journals to make it necessary to repeat it. There are, however, one or two points connected with it, a further consideration of which may lessen the repugnance of the general practitioner to enter upon this portion of the field of surgery.

First, the instruments essential to its performance are to be found in the dressing case of every practitioner; viz., a lancet, a pair of forceps and scissors. The lancet should have a broad shoulder in order to effect a sufficiently wide opening without bringing its point too far forward in the anterior chamber for the safety of the cornea. It should not have been thinned by repeated sharpenings, and of course should be in perfect order. The forceps need not absolutely be very small, provided that they are *pointed*. The scissors, if large, must be first ascertained to cut with precision close to their points, and curved are preferable to straight scissors.

A thorough etherization of the patient is very desirable, as also that he should not be liable to vomit from a recent meal. If by the fingers of the operator and of a clever assistant holding the lid, the globe is not rendered nearly immobile, a common tenaculum or hook passed through the conjunctiva and twisted half round answers very well as an ophthalmostat. With these instruments, if those to which I am accustomed are not accessible, I should not hesitate to operate.

The first step in the operation, as described by some, suggests a difficulty and perplexity, even to one tolerably conversant with the minute anatomy of the eye. It is directed to enter the sclerotic a half line back of its anterior margin. Now all operations with which we have heretofore been familiar by sclerotomy is

(through the sclerotic) have been posterior to the iris, and it is necessary in this connection to bear in mind the fact that although the sclerotic appears to terminate where the iris commences, it does not, but advances front of the plane of the iris. It is intended to enter the anterior chamber, and to take hold of the iris on its anterior face. The initiative incision is, therefore, to be made in front of the iris, but as near to it as is practicable, and it is in fact made not through the sclerotic alone, but through the sclerotic and the cornea; through a portion of the sclerotic which overlaps the cornea and a portion of the cornea which underlies the sclerotic.

The second step in the operation, the seizure of the iris by the forceps and pulling a portion of it out, does not involve a plunging of the forceps into the anterior chamber. With the evacuation of the aqueous humor, the iris has already fallen towards, and presents itself at and sometimes through the opening.

In the last step, the cutting off of the iris, it is important to remember that in glaucoma and other conditions for which it is necessary to lessen intraocular pressure, it is desirable to remove a considerable portion of the iris, and especially that nearest its outer circumference. The iris must be cut off as closely as possible to the globe.

On these points the *American Journal of Ophthalmology* gives, among other valuable hints, the following from Dr. Arlt:—"The iris must be cut off to its periphery in order to give entire satisfaction. The section of the iris must at least comprise 2^{mm} of its substance, and for that purpose the outside wound of the cornea must have 6^{mm} to 8^{mm}, the inside one 3^{mm} to 4^{mm}. The iris hook (Tyrell's), is so dangerous for the capsule that its employment ought to be dispensed with. The cutting off of the iris after it is drawn out of the wound must be done *à deux temps*: the first half of the flap is cut, and then this part is drawn upward before the rest is snipped off. This method allows to cut up to the margin of the corneal wound."

Previous to the remarks here quoted, Dr. Arlt had expressed his preference for an initiative opening through the cornea only, near the sclerotic, instead of through the sclerotic. In cases in which the pupil is not much dilated, this may be allowable; and to an unpractised operator would certainly be convenient. But when, as in glaucoma, for the relief of which a general practitioner would oftenest find occasion to perform iridectomy, the pupil is largely dilated, sometimes to the extent of complete mydriasis, the readiest access to the iris, and especially its periphery, will be found to be at the overlapping of the sclerotic upon the cornea, in accordance with general usage.

Of the inestimable value of this means of relieving intraocular pressure, and of the imperative necessity in glaucoma of an early

resort to it for the salvation of sight, a continued experience has convinced me, and I delay the report of several cases of interest, only to be assured of the permanence of the apparent result.

OBSCURE SOURCES OF DISEASE.

BY JAMES R. NICHOLS, BOSTON.

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THERE are many instances of disease brought to the notice of physicians which are exceedingly perplexing in their character, and the sources of which are very imperfectly understood. They belong to a class outside of, and distinct from, the usual forms of disease resulting from constitutional idiosyncrasies, or accidental causes, within the knowledge of the patient or medical attendant. The obscurity of their origin and persistency under treatment, render them peculiarly trying to the patient and the skill of those who have them in charge, and after the trial of the usual remedies without effect, the patients are sent into the country or to the sea-shore, as the case may be, with the expectation that a change of air or residence may prove beneficial.

We cannot, in a majority of cases, regard these affections as altogether imaginary, or as resulting from some casual derangement of the nervous system; they are instances of true disease, and should be studied with the view of bringing to light the hidden source from whence they originate. I am led to believe that a considerable number arise from some disturbance in the sanitary conditions of dwellings or their surroundings, and that however improbable this may seem from a superficial or even careful examination of suspected premises, a still more thorough and extended search will often result in the discovery of some agent or agents capable of producing disease.

The chemical and physical condition of water used for culinary purposes has much to do with health, and is perhaps the oftenest overlooked by the physician in searching for the cause of sickness. We must not suppose that water is only hurtful when impregnated with the salts of lead or other metals; there are different sources of contamination, which produce the most serious disturbance upon the system. Some of these are very obscure and difficult of detection. The senses of taste and smell are not to be relied upon in examinations, as it often happens that water entirely unfit for use is devoid of all physical appearances calculated to awaken suspicion. It is clear, inodorous, palatable, and there is no apparent source from whence impurity may arise.

A few instances which have come under my observation may serve to illustrate the view presented, and as suggestions to those

who are in doubt as regards the cases of patients upon their hands.

During the past summer, the writer was consulted by a gentleman residing in Roxbury, respecting the water used in his family. It was taken into the dwelling through tin pipe from a well in the immediate vicinity, and appeared to be perfectly pure and healthful. Analysis disclosed no salts of lead or copper, as indeed none could be expected from the unusual precautions taken to prevent contact of the water with these metals. Abundant evidence was however afforded that, through some avenue, organic matters in unusual quantities were finding access to the water. Careful examination of the premises disclosed the fact that an outhouse on the grounds of a neighbor was so situated as to act as a receptacle for house-drainings, and from thence by subterranean passages the liquids flowed into the well. Some cases of illness, of long standing in the family, disappeared upon abandoning the use of the water.

A few months since a specimen of water was brought to me for chemical examination, by a gentleman of Charlestown, who stated that his wife was afflicted with protracted illness of a somewhat unusual character. It was found to be largely impregnated with potash and the salts resulting from the decomposition of animal and vegetable *debris*, and the opinion expressed that some connection existed between the well and the waste fluids of the dwelling. This seemed improbable, as all these were securely carried away in a brick cemented drain, and in a direction opposite the water supply. The use of the spade, however, revealed a break in the drain at a point favorable for an inflowing into the well, and hence the source of the contamination. Rapid convalescence followed on the part of the sick wife upon obtaining water from another source.

Analysis was recently made of water from a well in Middlesex County, which disclosed conditions quite similar to these. The owner was certain that no impurity could arise from sources suggested, but rigid and persistent investigation disclosed the fact, that the servant girl had long been in the habit of emptying the "slops" into a cavity by the kitchen door (formed by the displacement of several bricks in the pavement), where they were readily absorbed. Although the well was quite remote, the intervening space was filled with coarse sand and rubble stones, and hence the unclean liquids found an easy passage to the water. This proved to be the cause of illness in the family.

It is unnecessary to present other instances of a similar character on record. These serve to bring to view some of the sources of impurities in water used for household purposes, and the obscure cause of serious diseases. The location of wells connected with dwellings is a matter which should receive attention at the hands of physicians.

It is well known that in the gradual decomposition of animal and

vegetable substances, at or near the surface of the earth, under certain conditions, nitrogenous compounds are developed. The nitre earths found beneath old buildings result from these changes, although it is quite difficult to understand the precise nature of the chemical transformations which produce them. In the waters of a large number of wells in towns and cities, and also in the country, the nitrates are found at some seasons in considerable quantities. The salts form at the surface in warm weather, and being quite soluble, are carried with the percolating rain-water into the well. In cities and large towns, where excrementitious matters accumulate rapidly around dwellings compacted together, it is difficult to locate wells remote from danger, and hence it might seem that suspicion should be confined to these localities. This, however, is not a safe conclusion. How often do we see, upon isolated farms in the country, the well located within, or upon, the margin of the barnyard, near huge manure heaps, reeking with ammoniacal and other gases, the prolific sources of soluble salts, which find access to the water and render it unfit as a beverage for man or beast. It may no doubt be a convenience to the farmer to have his water-supply so situated as to meet the wants of the occupants of his barn and his dwelling, but it is full of danger.

Whilst admitting that such may be the condition of the water of many wells, doubts may arise with some, whether substances not decidedly poisonous, and received in such quantities, can after all be productive of much harm, or the real source of illness. To the great majority of people they are certainly harmless, but it must be admitted that there is a class, and one or more are found in almost every family, whose peculiar sensitive organization does not admit of the presence of any extraneous agent in food or drink, or in what they inhale. The functions of life and health are disturbed by the slightest deviation from the usual or normal condition of things around them. It is manifestly of importance that physicians should recognize these peculiarities in individuals. It is unsafe, in making a diagnosis of disease, or seeking for causes, to overlook or forget them.

We are, indeed, incapable of understanding how this can be. It seems incredible that the thousandth part of a grain of one of the salts of lead, dissolved in water and taken daily, will disturb the system of any one; and yet such is the case. We can see no reason why a very little nitrate of potassa, or soda, or lime, taken in the same way, should produce any effects; still stranger is it that the infinitesimal amount of dust dislodged from painted wall-papers, received into the lungs, should make inroads upon health.

Several instances of this latter result have recently come to my knowledge. In two families of the highest respectability in this city, illness of an unusual and protracted character existed, and at the suggestion of the physician, portions of the green wall-paper of

the dwelling were submitted to me for analysis. The pigments were found to consist mainly of arseniate of copper, and upon the removal of the papers the illness disappeared. In experimenting with apparently the most suitable apparatus, and employing delicate chemical tests, in rooms the walls of which were covered with these arsenical papers, no evidence of the presence of the poison in the atmosphere has been afforded; and this corresponds with the results of all similar experiments made in this country and in Europe, so far as my knowledge extends. We must conclude that agents not recognizable by chemical tests are capable of disturbing vital processes. The evidence is very clear that in instances of illness confined to one or two members of a household, the cause may be due to some accidental disturbance with which all are equally brought in contact, but which has not the power of injuriously influencing but a part. It is also clear that these sources of disease are of such a character as easily to escape detection, and therefore any facts or experience which may serve as guides to their discovery are worthy of record.

109 Milk Street, March, 1863.

WASTING PALSY—PARALYSIS OF BELL AND CRUVEILHIER.

THE confusion arising from the various names assigned to this form of paralysis is very great. Dr. Roberts, in his excellent monograph,* adopts the term wasting palsy, as short and convenient, and expressing its most remarkable feature; at the same time suggesting that it should be called by the name of Cruveilhier; but it would appear that that of Sir Charles Bell should, in justice, be added. As in the previous cases, the attempts to name the disease by its clinical or pathological characters, have been quite unsuccessful, the features that were used for the purpose having been proved by increased experience not to be constantly present. Thus Aran calls it "atrophie musculaire progressive," and Duchenne "atrophie musculaire avec transformation graisseuse," and Sandahl combines both characters in his name, calling it "atrophie muscularis paralysans, adiposa, progressiva," a name rather inconvenient for common use, in addition to its being inappropriate, from its being now well established that, though the muscles generally undergo fatty degeneration, there are cases in which there is no transformation into fat, and that the atrophy is not necessarily progressive.

In this Journal, and in the *Dublin Hospital Gazette*, cases presenting some points of importance have been published by Dr. Reade and Dr. Banks, proving, amongst other things, that the disease is not always progressive. Dr. Reade's† was that of a young man, 19 years of age, who had been suffering from the disease for eighteen

* Reviewed in *Dublin Quarterly Journal of Medicine*, vol. xxvi., p. 101.

† *Dublin Quar. Jour. of Med.*, vol. xxii., p. 393.

months. When he stripped his body to the waist, he exhibited neck, chest, and arms, to the elbow-joints, reduced to a most abject degree of emaciation, such as is seen pervading the whole frame of those who have undergone protracted wasting disease. The emaciation—the decadence of muscular fibre together with the tegumentary covering—was perfectly symmetrical, muscle for muscle, on each side of the median line, both on the anterior and posterior aspect of the trunk; the greater and lesser pectoral muscles were little more dense than the strongest brown wrapping paper; the muscles of the neck, anterior and posterior, proportionately attenuated; the muscles on the scapulæ, particularly the supra and infra spinal muscles, were so much diminished as to show the spine of the bone, with distinctness only less than the dry bone; all prominences from the deltoids were gone, and the muscles of the humeri were reduced to the cellular membrane, the mere elementary outline of the muscles, the biceps and triceps especially; from the elbows, the muscles of the fore-arms and hands displayed the full development of a robust and vigorous man of his stature, with all the concomitant power, sensibility, and aptitude for use. All the muscles outside the pelvis, and those of the inferior extremities, were full, strong and well-formed.

His history was this:—Within the period of eighteen months he was in all respects, as regards the muscles of his neck, trunk and arms, in due proportion with the fore-arms and lower limbs, and he was distinguished among his companions in all athletic exercises. The first sign of his approaching malady, which he perceived, was a degree of stiffness or difficulty of executing the motion of putting on or removing his hat from his head. He never suffered pain, and has enjoyed uninterrupted health, his digestive functions being performed with perfect regularity.

Dr. Reade treated him by counter-irritation over the cervical vertebrae, put a seton in the back of his neck, and gave him mercury in small but long-continued doses, keeping him under its sensible action for three months. He subsequently made him use dumb-bells, to excite nutrition by the stimulus of gymnastic exercises, and used electro-magnetism for several weeks. Under this treatment he recovered flesh and substance on the scapulae, and especially the spinae muscles, but afterwards thought his strength diminished; and after about two years the treatment was discontinued. At the expiration of six years Dr. Reade again saw him, and gives the following account of him:—"The change in his appearance is most decided, and altogether on the side of improvement. The first marked amendment which strikes the eye is the fair amount of adipose substance which has been restored over the whole of the emaciated surface of the chest, back, neck and arms; he might be said to be in good condition; formerly, the ribs were all prominent, and the conical form of the chest was as apparent as in the skeleton, from the disappearance of the pectoral muscles and the excessive

thinness of the tegumentary covering; over the back of the humerus the integuments fell in a loose fold; the muscles of the neck have all been fully restored; the muscles of the scapulae considerably augmented; the deltoids in a small degree, but the fibre feels tense and very firm; the triceps and biceps are little better than membrane, but possess true muscular action, perfectly obedient to the will. The muscles of the fore-arms have lost much of the bulk they had six years ago; the hand has become attenuated; this may be accounted for by his occupation, viz., a sedentary and mental pursuit for six years. He reports himself as possessing at present, and during the whole progress of this extraordinary disease, the most uninterrupted good health, his digestive functions being performed with invariable regularity; and never, from its commencement up to the present time, had he the least pain pending the degeneration of the muscles. . . . His present exercise is pulling an oar in a boat on the sea. It is here established that the symmetrical atrophy may undergo arrest, may even renew the vital action of nutrition to the renovation of the decayed muscle."

Of Dr. Banks's cases,* one has been the subject of the disease for five years: it began in the right arm with pains, thought to be rheumatic, after exposure to damp and cold and much continuous work at shoemaking. The fingers first became weak, then the wrists, accompanied with cramps and convulsive twitchings of the muscles; the disease extended to the fore-arm, and, after some months, the left hand became affected in precisely the same manner, the thumb being the first part implicated, and then the muscles of the forearm, with loss of substance. The muscles of the back of the neck and of the shoulders were subsequently implicated, those of the lower extremities were unaffected; the man was active and a good walker. The affected joints were generally very cold, livid, and moist; but there was at times a marked elevation of temperature, their sensitiveness to impressions of cold was very remarkable; and as the disease was commencing the muscles were always more feeble in a cold than in a warm atmosphere. The function of sensation was unimpaired. During a residence of three months in the hospital, he was subjected to electro-magnetism, and a tonic treatment was at the same time employed. Some improvement appeared, particularly in the flexors, which became slightly increased in bulk, and the disease, which had progressed for two years, was arrested, no new set of muscles becoming affected.

The second case recorded by Dr. Banks is that of a gentleman, 64 years of age, in whom the disease set in after a fall received twenty-four years ago, in hunting, when he was slightly stunned, but soon recovered. The left leg was first affected, then the right wrist, and next the left, but not so completely as the right. The disease progressed for about one year, when its onward course was stayed.

* Dublin Hospital Gazette, vol. vii., p. 225.

The general health was good, and the intelligence far above that of ordinary persons.

The pathology of the paralysis of Bell and Cruveilhier is the subject of much discussion. Cruveilhier attributed the disease to atrophy of the anterior roots of the spinal nerves, but subsequent researches have not confirmed this view. Many pathologists regard it as a true acinesis, or disease of the muscles themselves, and Dr. Roberts has examined into the evidence, and pronounced a verdict in favor of this view of its nature. He collected the particulars of all the cases that had been recorded at the time of his writing (1858), and analyzed them.

The alterations found in the nervous system were by no means constant. The brain and medulla oblongata were free from disease in every case examined. In 9 out of 13 autopsies the spinal cord was sound; in some, even the microscope failing to reveal anything abnormal. Of the 4 in which morbid states were discovered, there was more or less extensive softening in 3; and in the fourth (Virchow's) there was amyloid degeneration. Great importance attaches to the condition of the anterior spinal roots, in consequence of Cruveilhier's observations. In his two cases he found them atrophied. Schneevvoigt and Valentiner found them in the same state in one case each, along with softening of the cord; and Dr. Roberts quotes from Dr. Reade's very excellent description, published in this Journal for November, 1856, of the case that occurred in his practice, an allusion to a case that was examined in the Belfast workhouse, as the only further confirmation of Cruveilhier's observation. On the other hand, it appears that in five cases in which this alteration was specially looked for, it did not appear. These are detailed by Dr. Meryon, in the *Medico-Chirurgical Transactions*; by Landry, in the *Gazette Médicale*; by Oppenheimer, in the same; by Virchow, in *Virchow's Archiv*; and by Laboulbène, in *L'Union Médicale*. The existence of these five cases we believe, with Dr. Roberts, to be a fact of capital importance in the discussion of the pathology of wasting palsy.

In 6 cases the peripheral nerves were examined; in 3 the motor nerves were more or less atrophied, probably a secondary change. In 2 no change was found. In 2 the sympathetic in the neck was examined; in one, Landry could discover nothing abnormal; in the other, Schneevvoigt found that part of the cord in the neck, the lower cervical and some of the thoracic ganglia, had undergone fatty degeneration, a condition that had been diagnosticated during life from the contraction of the pupil.

"To the muscles themselves, therefore," Dr. Roberts says, "we must look for the primordial phenomena of wasting palsy. This opinion is held by Duchenne, Aran, Oppenheimer, Wachsmuth, and Dr. Meryon. Of the nature of the blight that withers the muscles, he is only able to say, with Dr. Meryon, that it is a fatty and granular

degeneration of the muscular fibre, similar (often at least) in its anatomical bearings to what is observed in fatty heart, or in muscles which have degenerated from section of their nerves. There would seem to be an error of nutrition in the muscular fibre, not dependent, as Dr. Meryon thought, on a general depression of the nutritive functions—these being almost always in their highest perfection—but brought about under the influence of a peculiar constitutional predisposition or diathesis, by the aid of one or more of the special exciting causes.

"That the entirety of the disease is not comprehended in its local manifestations, and that a constitutional predisposition lies behind these, is made evident by the transmissibility of the disease from parent to offspring; and also by the total inadequacy of the exciting causes, acting alone, to produce the series of events which characterize wasting palsy. An additional proof is seen in the bilateral symmetry of its march. This symmetry, although by no means constant, or always exact, is quite as remarkable as anything presented by pulmonary tubercle, articular rheumatism, or syphilitic or other eruptions of the skin."

But new evidence has recently appeared, making it necessary that judgment should be suspended. Mr. J. Lockhart Clarke, who is so distinguished for his investigations into the minute structure of the spinal cord,* and who has discovered new methods of making microscopic sections of it, has found in two cases disease of the ganglionic corpuscles in this centre, that may prove to be the cause of the muscular atrophy, but may possibly be no more than a consequence or an accidental associate of it. His first case was a well-marked one of the disease, in a man aged 65, who had suffered from it for five years. At the autopsy no important morbid change was apparent, except some undue subarachnoid effusion and some granular alteration of the wasted muscles; but on microscopic examination, Mr. Clarke detected, in the posterior grey substance of the cord, some unnaturally transparent streaks, patches or spots occupied by a granular substance. These spots appeared to be most numerous about the middle of the cervical enlargement, and diminished upwards and downwards. In one of them a vacant space was found, with broken ends of nerve fibres projecting into opposite sides of the space. Around the central canal of the cord and the medulla oblongata, and in the anterior and posterior spinal commissures, there was a considerable deposit of *corpora amylacea*. The floor of the fourth ventricle was covered with minute granular elevations, consisting of aggregations of the ordinary epithelial cells.†

In another case, in which the disease began in the left hand, and extended gradually, till it affected all parts of the body except the

* For abstracts of Lockhart Clarke's papers, see Dublin Quarterly Journal of Medicine, vol. xxix., p. 117, and vol. xxx., p. 454.

† Arch. of Med., Oct., 1861.

face, Mr. Clarke found very similar appearances. In this case the whole cord was atrophied—there was no brachial enlargement whatever. The nerve-cells were found to be in a singular state of atrophy, without nuclei or distinct granular contents. The central canal was about its normal size; but the epithelium around it was increased or hypertrophied. There were no corpora amylacea found, but the connective tissue throughout the cord, and particularly between the white fibres, was unnaturally abundant; and the increase of it, with the atrophy of the white fibres, caused considerable displacement of the parts of the cord. There was no examination made of the paralyzed muscles.*

Dr. Gull, of Guy's Hospital, has recorded a case which is remarkable for the slight degree of the affection, and the great amount of morbid condition found in the cord. The patient, aged 44, was a journeyman tailor, of sober habits, and always healthy and strong, and had never met with any injury. He was admitted into Guy's Hospital on the 5th of February, 1862. Thirteen months before this the fourth and ring fingers of the right hand became weak and flexed, without any assignable cause. The hand was cold, and there was a feeling of numbness in the fingers, but no pain, and he continued working at his trade. Two months before admission the middle finger of the same hand became suddenly affected, and three weeks before admission the three fingers of the left hand became weak and flexed, but without numbness. The arms were not affected. The interosseous muscles, and those of the thenar and hypothenar eminences, almost completely disappeared, especially in the right hand. The patient died from typhus fever on the eighth of March. On examination, a large cavity was found in the cervical region of the cord, beginning at the fifth nerve, enlarging from that to the seventh, and then tapering downwards, and containing fluid. A chronic cervical *hydromyelus*, comparable to a chronic *hydrocephalus*. What the nature of the change in the cord was, Dr. Gull says, may be a matter for speculation. So far as it affected the grey matter it seemed to be no more than atrophy, from distension of the ventricle of the cord, by an accumulation of fluid in it.†

It is difficult to believe that the condition of the cord in this case was anything more than a coincidence; but on reviewing the whole subject, we must, for the present, say with Dr. Gull, that the disease may arise from primary disease of the muscular elements—or from lesion of the trunks or branches of nerves—or from morbid changes in the grey matter of the cord; and that it is the difficulty of distinguishing the primary seat of the disease in each of these classes of cases, which has led to exclusive, and therefore erroneous, views of their pathology.—*Dublin Quarterly Journal of Medicine.*

* British and Foreign Med.-Chir. Review, July, 1862, p. 215.

† Guy's Hospital Reports, vol. vii., 1862, p. 244.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 9th.—*Excessive Growth of Hair following Applications to the Skin.*—Dr. AYER reported the case of a man who had been wounded by a ball in the back of the right arm, above the elbow. The bone was uninjured. Thecal inflammation followed, extending down to the fingers. In the course of the disease stimulating applications were made to the arm, after which the hair of the limb grew to a perfect shag, being an inch and three quarters long.

Dr. ELLIS had seen a case in which the application of embrocations to the wrist, for a sprain, was followed by a great development of hair.

Dr. CABOT had seen a similar effect follow applications to the knee.

Dr. H. K. OLIVER observed that the cicatrices following boils on the back of the neck are often covered with thick hair.

Dr. HODGES had seen a severe case of neuralgia, following a wound in the upper part of the arm, in which various applications, bandages, &c., had been used, and the hair grew to four or five times the length of that on the other arm.

FEB. 23d.—*Malignant Disease of the Skin of the Heel.*—Dr. CABOT showed the specimen, which he had removed from a man who said he had walked much on the part on account of some lameness of one of his toes. The disease affected the true skin, and extended, at certain points, into the subcutaneous cellular tissue.

Dr. ELLIS, who had made a microscopical examination of the specimen, remarked that it was composed mostly of cells or nuclei, the former being nowhere large. The nuclei varied in size, some being no larger than a blood-globule, others as large as those of well-marked malignant disease; the last contained large nucleoli. The cell-character of the growth would lead one to fear that a similar one would make its appearance in the old site, or elsewhere.

FEB. 23d.—*Cyst from beneath the lower Jaw containing round Masses of Atheromatous Matter.*—Dr. HODGES exhibited a cyst and its contents, removed from beneath the lower jaw of a soldier, 40 years of age. The tumor which it formed dated back to the patient's earliest recollection, and at the time of his enlistment, eighteen months since, was not larger than a pullet's egg. During that period it had grown with such rapidity as finally to oblige his discharge for disability. At the time of operation, it extended from the right of the symphysis of the chin to beyond the left angle of the jaw, overlapping the sterno-mastoid muscle. It also projected into the mouth, at the side of and beneath the tongue, rising to the level of the teeth; the whole forming a large tumor, smooth, of uniform density, fluctuating and movable. Its contents, evacuated during the operation, were the ordinary atheromatous matter of epidermal cysts, only remarkable in being rolled up into perfectly round balls, varying in size from that of a pea to that of a nutmeg. These bodies, of sufficient density to retain their shape, constituted the major part of the cyst's contents; there was also, however, a considerable quantity of the same material in a more liquid condition. The cyst itself was removed entire, and presented the

usual appearances, having a smooth, glistening interior, with here and there patches of secreting epithelial surface, more or less villous, strongly contrasting, by their dull and cutaneous aspect, with the adjacent portions of the sac.

Dr. Hodges said he was not aware of any description, in any surgical book, of the peculiar condition assumed by the contents of this cyst. He had seen it in two other instances of wens removed from the supra-hyoid and sub-maxillary regions, and supposed it was due to the constant motion which they were subjected to by the action of the numerous muscles of those regions. Nor are these regions spoken of as those in which sebaceous tumors were to be found with the frequency that had been observed in the surgical practice of this vicinity.

Dr. JACKSON remarked that these formations had probably, like many other things, been often enough observed, though they may never have been described in the books; and having understood from Dr. Hodges that he was to report his case, he was prepared to refer to several others.

He showed a specimen from the Society's Cabinet, from a patient who was operated upon by the late Dr. Samuel Parkman, in March, 1852, a lad 20 years of age; the tumor occupied the situation of the anterior fontanelle, and had existed as long as he could remember; it was at first about as large as a pullet's egg; it had grown rapidly of late years. On incision, four ounces of a yellowish brown fluid were removed, with a large amount of a whitish, cheesy, semi-fluid substance, numerous, white, opaque, rounded, fatty masses, generally from three to six lines in diameter, and an abundance of hair. A cast of the tumor, with a daguerreotype of the patient, and the cyst, as well as the balls of fat, are in the Cabinet.

Another case referred to by Dr. J., was operated upon at the Hospital, in April, 1850, by Dr. S. D. Townsend. The patient was a man, aged 45 years. The cyst, which, it was thought, might be congenital, was situated over the middle of the sternum. The inner surface was in part cuticular; and the cavity was filled with balls of fat, epithelial scales and loose hairs. The cyst is in the Cabinet of the Medical College; and this, as well as the first case, was published in the *American Journal of the Medical Sciences*.

The following specimens Dr. J. had seen in Europe, and he made a note of them in reference to the two above reported. 1. In the Museum at St. Thomas's Hospital, London, a subcutaneous cyst, containing balls of fat about half an inch in diameter; and in the same collection was a second quite similar specimen. 2. At Guy's Hospital, balls of fat from an ovarian cyst. 3. In the Museum at the large Hospital at Vienna; many of the balls of the size of a pea, and many as large as a nutmeg. From an encysted ovary. 4. At Guy's Hospital; the balls are two or three lines in diameter, and somewhat soft. 5. In the Museum of the University at Giessen. A cyst connected with the testicle of a goat, and containing hair and balls of fat.

TOTAL number of deaths in Sacramento, Cal., for 1862, 353—males 239, females 114. Born in California and the Pacific States, 169; in the Atlantic States, 88; in foreign countries, 96.

Army Medical Intelligence.

To the Surgeon-General.

{ HEADQUARTERS, 43D REG'T, M.V.M., CAMP ROGERS,
NEAR NEWBERN, N. C., Feb. 17th, 1863.

Sir.—I am reminded by the kind letter that I received from you yesterday, of your desire to hear from the 43d Regiment occasionally. I need not relate to you our trials on board the transport Merrimac, previous to your official visit to that crowded ship; all that is now too well known. I am happy to inform you that, after the men of the 46th Regiment disembarked, we were enabled to cleanse the ship thoroughly. In each hold, the boards of the lower tier of bunks were removed, and the decks carefully scraped and washed by fatigue parties under the supervision of Serg'ts McCollum, of Co. C, and Crabe, of Co. A. The amount of labor performed by these men can be appreciated only by those who witnessed it. As the result of their labors, there was removed from the lower hold, forward, more than six barrels of filth, composed of old bones, decomposed meat, mouldy bread, decayed papers, and the chips and shavings which were evidently made when the bunks were built! In the other hold, aft, as much more such foul material was removed and thrown into the ocean. I think I may safely say, that when, at last, we sailed from Boston harbor, the sanitary condition of our ship was as good as it could be made.

During the voyage, the strictest attention was given to the ventilation and cleansing of the men's quarters. Our passage to Beaufort, N. C., was very pleasant, and, with the exception of one case of fever, no severe sickness was experienced by our men, or those of the 46th who were with us. On the third day out, our Quartermaster, Lieut. H. A. Turner, had the misfortune to wound, accidentally, his right foot by a conical ball from a Colt's revolver. The third metatarsal bone was shattered, rendering necessary the extsection of the anterior half. What appeared remarkable in this case was, that the ball, shot at a range of less than three feet, was broken into four parts; two passing out of the foot at separate points, and two remaining in the wound.

Our troops landed at Morehead City, on the 15th of November, and proceeded at once by rail to this place, where we pitched our tents on one of the immense sandy plains, so common in this part of North Carolina. Since our arrival we have had few cases of serious illness, although nearly every man in the Regiment has suffered from a "cold" or diarrhoea. On the 26th of November, Cornelius Horgan, private of Co. B, who no doubt had pulmonary phthisis at the time of his enlistment, died suddenly in our regimental hospital. James Doyle, a private in the same company, died at the Foster General Hospital at Newbern, on the 9th of December, after a sickness of several days. The diagnosis in both cases was typhoid pneumonia.

In the recent expedition towards Goldsboro', our regiment, in common with others, suffered much from the exhausting march and the want of suitable hospital accommodations. Each regiment had one two-horse transport wagon for hospital supplies, &c. Six two-wheeled ambulances were allowed for our brigade, consisting of five Massachusetts regiments. At times, on the march, these wagons were miles in the rear of our regiment. In consequence of this want of ambulance accommodation, many a brave fellow, sick or exhausted, was obliged

to lie by the wayside for hours, or struggle on, waiting for his turn to ride for a short time. I am happy to state here that the officers who had charge of the ambulance train treated our patients with the utmost kindness and consideration.

Although our regiment was for some time exposed to the fire of the enemy at the battle of Kinston, we had none killed or wounded. The morning after the battle, private C. W. Hutchings, of Co. K, was taken seriously ill, and sent to the field hospital under the charge of Assistant Surgeon Treadwell, of the 45th Regiment. He steadily failed, however, and died Dec. 20th, on board the gunboat on her passage to Newbern.

In the battle of Whitehall, Dec. 16th, we lost one man, private Isaac Y. Smith, Co. E, who was killed instantly by a shell. The next day, at Spring Bank, otherwise known as Tompkins's Bridge, near Goldsboro', where the 43d Regiment, with a battery and two companies of cavalry, were for some time engaged with the enemy, Corporal Wm. F. Sparrow, of Co. I, was killed by a bullet through the heart, and Corporal Fuller Morton, of Co. E, was severely wounded in the right clavicle by a conical ball. He has since died of his wounds, at the Foster General Hospital. In the last two actions, several other men were slightly wounded, but as they do not wish to be immortalized on this account, and as their cases were not of much gravity, I forbear to give their names. Some of our soldiers are still suffering from the results of the severe marching on this expedition.

My worthy and able assistant, Dr. Augustus Mason, reported for duty in this camp on the 30th of November, and has relieved me of many cares. On the 10th of December, Dr. Mason was detailed as acting Surgeon of the 51st Mass., which place he filled until the return of our Army from the expedition, on the 21st of December. During this period, Lieut. O. H. Webber, of Co. I, formerly apothecary of the Mass. Gen. Hospital, was detailed as acting Assistant Surgeon of this regiment, and was placed in charge of the ambulance train, until relieved by Dr. Kneeland, of the 45th, on the morning after the battle near Goldsboro'.

On the 17th of January, the 43d, 45th and 51st Mass. Infantry, with the 3d N. Y. Cavalry, and two sections of a battery, under acting Brig. Gen. Amory, started on a reconnaissance in force, in the direction of Trenton and Onslow's; and returned on the 21st, without the occurrence of casualty or serious illness to any member of our regiment.

The health of this regiment, at the present date, is remarkably good. For some time past the attendance at our "sick call" has been decreasing.

The following is a list of our patients in the regimental and general hospitals.

Regimental Hospital.—Privates G. S. Bates, Co. F, haemoptysis, doing well; Z. M. Bisbee, Co. G, bronchitis, improving; Albert M. Coy, Co. D, do., doing well; G. A. Hatch, Co. F, pleuritis, do.; Hollis Hersey, Co. K, rheumatism, improving; J. H. Kimball, Co. H, ephemeral fever, convalescent; William Marsh, Co. D, bronchitis, improving; Calvin Williamson, Co. F, gun-shot wound of first metatarsal bone, doing well.

Foster General Hospital.—Privates A. E. Ellis, Co. E, acute ophthal-

mia; Henry E. Fuller, Co. G, typho-malarial fever, convalescent; Corp. C. W. Sparrell, Co. F, gastritis.

Stanly General Hospital.—Privates Thos. Campbell, Co. K, carditis; Isaac Cox, Co. D; A. E. Patrick, Co. H, hepatitis; I. B. Tilley, Co. A, fever.

In addition to those mentioned above, we have about twenty men slightly ill, in quarters. Six persons have been discharged from the service since our arrival at Newbern for disability.

With sentiments of the highest regard,

I am, yours truly, A. C. WEBBER,
Surgeon 43d M.V.M.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 26, 1863.

UNIVERSITY LECTURES.—An important change has recently been made in the internal government of Harvard College, which will, we think, do much towards raising this institution to the real rank of a university. Hitherto the undergraduate department, which corresponds to the gymnasium or preparatory course for youth in foreign universities, has occupied an unduly prominent position, and the other departments, devoted to the instruction of graduates and young men in the professions of divinity, medicine, law, and the natural sciences, have been considered merely as schools attached to it. There has been, to be sure, a separate faculty over each of these schools, composed of its own officers of instruction, in which was vested the control of the individual department, but which had no voice in the general administration of the college, so that in fact these higher departments of the University have become merely special schools, in no way connected with each other except by a common president. The faculty of the undergraduate department, on the other hand, has always exercised a governing power over the University as a whole, and the president has always, until recently, been chosen solely for his fitness for this, the least important department, alone. In foreign universities the gymnasium holds its proper subordinate rank, which is that of fitting the youth for an entrance into the higher professional departments. Like these it is presided over by its own dean, but the *rector magnificus*, or general president, is chosen yearly and in turn from each of the four grand departments. In this way no particular faculty can exercise any undue authority in the general administration of the university, and yet all may have a voice in determining the proper course of preparatory tuition to be used in the gymnasium. So in our own University it should be the professional schools which should govern the undergraduate department, and give it its true character. Instructors in literature and mathematics can know nothing of the wants of the medical department, but, on the other hand, the medical faculty are the proper judges of the requisite preliminary training to fit a youth for the study of medicine, and should have a voice in the direction of these matters. We were pleased, therefore, to see that by a recent vote of the Corporation the general internal government of the Uni-

versity is to be administered by the united faculties of the various departments as a body, which is to hold regular meetings, and we have no doubt that the interests of the college will in this way be materially advanced.

Privilege has also been granted to the various schools to employ instructors in their respective branches not officially connected with the University, so that not only may gentlemen distinguished in science and literature now be called to deliver lectures within its walls, but any person, even unconnected with the University, may have the benefit of such instruction. We give below the announcement of a series of such lectures to be given at Cambridge during the present term, some of which will be of great importance both to the medical student and the physician. The same system may be employed with advantage also in the medical department, as in the great medical schools of Europe, which owe half their renown to this system of special instruction, given by gentlemen not holding regular chairs in the University. It is, in fact, from peculiar aptitude in imparting instruction exhibited in this way, and the reputation thus gained, that the professors obtain their appointments. There are many subjects which cannot be properly treated in the short general course of lectures delivered during the winter session to the medical class, and no doubt the medical faculty will also avail itself of the privilege thus granted it of inviting the assistance of others in imparting to students instruction in special branches, as has already been done to a small extent.

"HARVARD UNIVERSITY. *Second Term, 1862-3.*—The following lectures will be delivered at the times and places designated below.

"Persons wishing to attend either course must enter their names at the Steward's Office at least three days before the course commences.

"Members of the Divinity, Law, Medical and Scientific Schools, graduates of this and other Colleges, Officers of the University, and teachers of public schools, have a right to admission by entering their names; undergraduates are not admitted; other persons may be admitted to all the courses of a term on the payment of five dollars when entering their names. The entrance of three names for a course will secure its delivery, provided three hearers be present.

"The rights, defined in the catalogue, of resident graduates and members of the professional schools, to attend certain lectures in the undergraduate department, are not affected by this arrangement.

"1. *On the Natural History of the Cretaceous Period.*—By Prof. Agassiz, at the Museum, every Monday, at 3, P.M., beginning March 23.

"2. *On the Connection of Physical and Mathematical Sciences.*—By Prof. Peirce, in No. 20 University Hall, every Tuesday, at 9, A.M., beginning March 24.

"3. *An Introduction to the Study of Insects injurious to Vegetation.*—By Samuel H. Scudder, S.B., at the Museum, every Thursday, at 3, P.M., beginning March 26.

"4. *On the Classification of Sciences.*—By President Hill, in Harvard Lecture-room, every Saturday, at 11, A.M., beginning March 28.

"5. *Outlines of the History of the Art of Design.*—By Mr. Louise Thies, Curator of the Gray Collection, every Monday, at 10, A.M., commencing March 30.

"6. *On the Anatomy and Embryology of Acalephae.*—By Assistant-Professor H. J. Clark, at the Museum, every Wednesday, at 9, A.M., beginning April 1.

"7. *On some of the Characteristics of the Mediæval Revival of Learning.*—By Mr. Charles E. Norton, in Divinity Hall, every Tuesday, at 4, P.M., beginning April 7.

"8. *On the Embryology of Echinoderms and Radiates generally.*—By Assistant Alexander E. Agassiz, at the Museum, every Tuesday and Friday, at 3, P.M., beginning April 28.

"9. *On English Literature.*—By Professor Lowell, in Boylston Hall, every Thursday, at 4, P.M., beginning May 7.

"10. *Four Lectures on Musical Form*.—By Mr. J. K. Paine, instructor in music. In June and July, on days to be announced hereafter."

DEATH OF DR. CHARLES HOOKER.—It is with regret that we announce the death of the distinguished physician, Dr. Charles Hooker, of New Haven, on the 19th inst., at the age of 64. The deceased had been a supporter of our JOURNAL almost from its beginning, and in past years communicated many valuable articles for our pages. From an obituary in the *New Haven Daily Palladium* we make the following extract:—

"Dr. Hooker was born in Berlin, in this State, a descendant of that eminent and gifted man who was the leader of the first settlers of Hartford, the Rev. Thomas Hooker. He graduated with honor in Yale College, in 1820, in the class of which President Woolsey and Dr. Bacon were members. On graduating, as he afterwards did, from the Medical Institution of the College, he began practice in this city, and from that time to this he has been known as one of the busiest and most indefatigable men in this community. In 1838 he was appointed to the chair of Anatomy and Physiology, and the numerous graduates of the Medical School can testify to his great skill and energy as a teacher.

"The character of Dr. Hooker was not a common one. An independent thinker, his energy prompted him to press his views upon the minds of others, and he therefore made a decided impression upon the principles and practice of his brethren in the profession. No man ever showed more earnestness and assiduity in his calling, and these were just as manifest in his last days, when most men incline to some relaxation of their labors, as they were when the ardor of his youth was upon him. Faithful and energetic to the last, he exposed himself freely to cold and fatigue, in behalf of some patients in whom he felt a deep interest, even after his sickness had fairly begun, and so he may be said to have died in the very midst of his labors. What we deem to be the grand fact of his professional life, standing out prominent before all others, and written in deep lines upon the hearts of multitudes in this community, is, that he performed his labors for the sick irrespective of reward, for he was just as ready to obey the calls of the poor as those of the rich. The genial and ardent social qualities of Dr. Hooker added much to his influence, and therefore his usefulness, as a physician. We may add to this brief notice the fact that he was a member, for we know not how many years, of St. Paul's church, and none will more deeply feel his loss than the pastor and members of that church."

MASSACHUSETTS GENERAL HOSPITAL.—From the Annual Report of the Resident Physician of this institution, Dr. B. S. Shaw, it appears that the number of patients admitted to the Hospital from Jan. 1st, 1862, to Jan. 1st, 1863, was 1611. Discharged during the year, well, 843; much relieved, 152; relieved, 279; not relieved, 77; not treated, 188; died, 101; insane and eloped, 16. Total, 1606. Proportion of deaths to the whole number of results, 6.3 per cent. Number of applicants not suitable for treatment, to whom admission was refused, 277.

The report of Dr. S. L. Abbot, Physician to Out-patients, shows how liberally the benefits of this noble charity overflow its relatively nar-

row walls to relieve the sufferings of those who do not require to be attended to within them. The number of these applicants during the year was 4975.

The following are the results of the McLean Asylum for the Insane, extracted from the valuable report of the Superintendent, Dr. J. E. Tyler:—

" Since January 1st, 1862, 270 persons—127 males and 143 females—have received the aids of the Asylum. The average number of patients in the house has been 190. To-day, the register gives the names of 176 persons, of whom 78 are males and 98 are females. Eighty-two have been admitted during the year—40 males and 42 females; and in the same time 94—49 males and 45 females, have been discharged. Of these, 39 were *recovered*—18 males and 21 females. Fourteen were *much improved*, 7 of each sex. Thirteen were *improved*—7 males and 6 females. Ten—6 males and 4 females—were *not improved*; and 18—11 males and 7 females—have *died*, and these, with two exceptions, were persons the commencement of whose disorder dated back many years. We have had but little sickness, and none of an ordinary acute type."

During the year the edifice "for the accommodation of the most demonstrative forms of mental disorder" has been completed, and an addition to the size of the pleasure grounds has been made, so as to admit of riding and driving within the enclosure. While the war has been productive of some mental disease, it seems, also, as appears from the small number of admissions registered, both in this and other institutions, to have acted in its prevention. Dr. Tyler's report is devoted principally to a consideration of the early manifestations of insanity and its causes, and the timely warnings thus lucidly described should not be allowed to waste themselves within the covers of an annual report, but should be read and remembered by all. With a proper tribute to the memory of Dr. Bell, for twenty years superintendent of the Asylum, this highly suggestive and interesting report closes.

PENSION EXAMINING SURGEONS.—The following list comprises the appointments which have thus far been made in Massachusetts, under the provisions of the eighth section of the pension act of July 14th, 1862:—Drs. Geo. S. Jones, B. S. Shaw, S. L. Sprague, Boston; Dr. J. W. Graves, Chelsea; Dr. Foster Hooper, Fall River; Dr. C. L. Fish, Jr., Greenfield; Dr. Nathan Allen, Lowell; Dr. W. H. Burleigh, Lawrence; Dr. S. A. Fisk, Northampton; Dr. J. H. Mackie, New Bedford; Dr. O. S. Root, Pittsfield; Dr. Oramel Martin, Worcester.

MASSACHUSETTS COLLEGE OF PHARMACY.—At the annual meeting of the Massachusetts College of Pharmacy, the following members were chosen officers of the College for the ensuing year:—Thomas Hollis, *President*. Charles A. Tufts, Samuel M. Colcord, *Vice Presidents*. Henry W. Lincoln, *Recording Secretary*. James S. Melvin, *Corresponding Secretary*. Ashel Boyden, *Treasurer*. Joseph T. Brown, *Editor*. Daniel Henchman, Elijah Smalley, Augustus P. Melzar, Isaac T. Campbell, John Buck, Albert G. Wilbor, Robert R. Kent, George D. Ricker, *Trustees*.

HENRY W. LINCOLN,
Recording Secretary.

ARMY MEDICAL APPOINTMENTS.—The following commissions in the Massachusetts Volunteers have been issued by direction of His Excellency John A. Andrew, Governor and Commander-in-Chief:—

First Regiment.—Neil K. Gunn, M.D., of Boston, to be Assistant Surgeon, March 18, 1863, vice Munroe, promoted Surgeon Fifteenth Regiment Volunteers.

Second Regiment.—James Wightman, M.D., of Boston, to be Assistant Surgeon, March 19, 1863, vice Stone, promoted Surgeon.

Tenth Regiment.—John H. Gilman, M.D., of Lowell, to be Assistant Surgeon, March 18, 1863, vice Jewett, promoted Surgeon Fifty-first Regiment M.V.M.

Thirteenth Regiment.—Edgar Parker, M.D., of Bridgewater, Assistant Surgeon.

Nineteenth Regiment.—William D. Knapp, M.D., of Boston, to be Assistant Surgeon, March 19, 1863, vice Taft, discharged.

Twenty-first Regiment.—John G. Perry, M.D., of Boston, to be Assistant Surgeon.

Twenty-sixth Regiment.—Lorenzo S. Fox, M.D., of Lowell, to be Assistant Surgeon, March 16, 1863, vice Russell, discharged.

Thirty-second Regiment.—Samuel L. Young, M.D., of Boston, to be Assistant Surgeon, March 16, 1863, vice Bigelow, discharged.

Thirty-third Regiment.—Murdock McGregor, M.D., of Boston, to be Assistant Surgeon, March 19, 1863, vice Gage, discharged.

Thirty-fifth Regiment.—George W. Snow, M.D., of Chelsea, to be Surgeon, March 13, 1863, vice Lincoln, discharged.

First Regiment of Cavalry.—George S. Osborn, M.D., of Danvers, to be Assistant Surgeon, March 17, 1863, vice DeWolf, promoted Surgeon Second Cavalry Regiment.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 21st, 1863.

DEATHS.

		Males.	Females.	Total.
Deaths during the week	- - - - -	57	45	102
Ave. mortality of corresponding weeks for ten years, 1853—1863,		44.3	37.6	81.9
Average corrected to increased population	- - - - -	00	00	93.38
Death of persons above 90	- - - - -	1	1	2

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
15	13	3	5	0	1	1	2

JOURNALS RECEIVED.—American Medical Times, vol. vi., Nos. 9, 10, 11 and 12.—Medical Record of Australia, vol. ii., Nos. 5, 6, 7, 8, 9, 10, 11 and 12.—Edinburgh Medical Journal, February, 1863.—American Phenological Journal, vol. xxxvii., No. 3.—The Lancet, Nos. 2, 3, 4, 5 and 6, for 1863.—The Chemist and Druggist, vol. iv., No. 42.—American Druggists' Circular, vol. vii., No. 3.—The Dental Register of the West, February, 1863.—Medical News and Library, March, 1863.—Ohio Medical and Surgical Journal, March, 1863.—Pacific Medical and Surgical Journal, January and February, 1863.—Buffalo Medical and Surgical Journal, March, 1863.—Cincinnati Medical and Surgical News, February, 1863.—American Journal of Ophthalmology, vol. i., No. 4.—Dental Cosmos, March, 1863.—Cincinnati Lancet and Observer, March, 1863.—Journal de Médecine de Bordeaux, February, 1863.

MARRIED.—At Roxbury, 18th inst., Dr. John G. Perry to Miss Martha D. Rogers.

DIED.—At Newport, R. I., 17th inst., Joshua J. Ellis, M.D., 36.

DEATHS IN BOSTON for the week ending Saturday noon, March 21st, 102. Males, 57—Females, 45.—Accident, 3— asphyxia, 1—congestion of the brain, 2— inflammation of the brain, 1—bronchitis, 1—consumption, 15— convulsions, 4—croup, 13—cyanosis, 1—debility, 2—diphtheria, 2—dropsy, 3—dropsy of the brain, 6—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 1—haemoptysis, 1—disease of the heart, 2—infantile disease, 3—insanity, 1—disease of the liver, 1—congestion of the lungs, 4—gangrene of the lungs, 1— inflammation of the lungs, 5—marasmus, 3—necrosis, 1—old age, 2—paralysis, 5—puerperal disease, 2— inflammation of the thigh, 1—sore throat, 3—tumor (ovarian), 1—unknown, 4— whooping cough, 1.

Under 5 years of age, 44—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 19—above 60 years, 12. Born in the United States, 70—Ireland, 24—other places, 8.